

### AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

#### **Detailed Listing of Claims:**

1. (Currently Amended) A method for targeting one or more a high-risk members of a healthcare plan for proactive care, the method comprising:

storing healthcare data and a predicted future healthcare utilization for each of a plurality of members of a healthcare plan, the members having a plurality of diseases or health conditions, wherein the stored healthcare data comprises data associated with a plurality of disease categories, and wherein the predicted future healthcare utilization for each of the plurality of members is based upon the stored healthcare data associated with each of the plurality of members and is calculated to enable comparison of the predicted future healthcare utilizations of members having different diseases or health conditions;

selecting one or more high-risk members from the plurality of members based upon the members' respective predicted future healthcare utilizations, wherein the selected high-risk members have a plurality of diseases or health conditions;

compiling a data set including all stored healthcare data associated with each selected high-risk member;

searching the stored healthcare claim data associated with each selected high-risk member to identify the presence of at least one intervention flag for the member, wherein each intervention flag corresponds to a member attribute amenable to intervention;

selecting an intervention group of the high-risk members, each member of the intervention group having a selected number or type of intervention flags; and

generating an output including the at least one intervention flag and the claim data associated with each member in the intervention group.

2. (Previously Presented) The method of claim 1, wherein the output is a display that shows detailed information regarding the at least one intervention flag in response to electronic selection of the intervention flag for a selected member of the intervention group by a user.

3. (Previously Presented) The method of claim 1 wherein the intervention flags that may be identified for each member of the intervention group include mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.

4. (Previously Presented) The method of claim 1 wherein each member's predicted future health care utilization is calculated from the stored past healthcare utilization data using a predictive model.

5. (Previously Presented) The method of claim 1 wherein the intervention factors that may be identified for each member of the intervention group include emergency room visits, hospital admissions, out-of-network costs, multiple provider specialties, multiple prescriptions, no appropriate provider for a medical episode, missing aspects of care, and non-compliance with prescriptions.

6. (Previously Presented) The method of claim 1 further comprising linking the intervention flag to each of the plurality of claims in the data set corresponding to the intervention flag.

7. (Previously Presented) The method of claim 1 further comprising calculating a future cost for each member in the intervention group and displaying the future cost in association with the identification of each member.

8. (Previously Presented) The method of claim 1, wherein each member's predicted future healthcare utilization is a relative risk value representing the quotient of the member's predicted future healthcare utilization divided by an average predicted future healthcare utilization for the plurality of members.

9. (Previously Presented) The method of claim 1, wherein each member's predicted future healthcare utilization is a relative risk ranking based upon the member's relative risk in comparison to relative risks for other members, each member's relative risk representing the

quotient of the member's predicted future healthcare utilization divided by an average predicted future healthcare utilization for the plurality of members.

10. (Previously Presented) The method of claim 1 wherein an ~~the~~ intervention flag is the presence of a selected medical episode in the data set for which for which the member is missing a specified treatment.

11. (Previously Presented) The method of claim 1 wherein an intervention factor is the presence of a selected medication in the data set for which the member is noncompliant.

12. (Previously Presented) The method of claim 1, further comprising identifying a medical episode and all associated claim data in the data set that contributes to a selected member's identification as high-cost, wherein the medical episode is defined in terms of a disease grouping.

13. (Previously Presented) The method of claim 12 wherein the medical episode from the data set contributing to the selected member's identification as high-cost is identified by determining which of a plurality of medical episodes present in the data set has a highest actual cost.

14. (Previously Presented) The method of claim 12 wherein the medical episode from the data set contributing to the selected member's identification as high-cost is identified by determining which of a plurality of medical episodes present in the data set has a highest average cost according to benchmark medical episode data.

15. (Previously Presented) The method of claim 12 wherein the medical episode from the data set contributing to the selected member's identification as high-cost is identified by assigning a ranking to each of the plurality of medical episodes present in the data set based on a combination of an associated cost for the member and an average benchmark cost.

Claims 16- 33 Canceled.